

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss
County of Carson City)

Edwina H. Bentinck, of legal age, being first duly sworn, deposes and says:

That Richard Cavendish Bentinck, the decedent mentioned in the attached

Certified copy of Certificate of Death, is the same person as Richard C. Bentinck,

named as one of the parties in that certain Quitclaim Deed, dated October 16, 1997

executed by Richard C. Bentinck

to Richard C. Bentinck and Edwina H. Bentinck, husband and wife as community with right of survivorship

~~As Joint Tenants~~, recorded as Document No. 0427030 on November 24, 1997

Book 1197, Page 4715, State of Nevada

Covering the following described property situated in Douglas County,

State of Nevada, described as follows:

Being a portion of the Southeast 1/4 of the Southeast 1/4 of Section 1, Township 14 North, Range 19 East, M.D.B.&M., further described as follows:

Parcel A as set forth on that certain Parcel Map for Burton M. McChesney and Mary D. McChesney, recorded in the office of the County Recorder of Douglas County on January 16, 1984, in Book 184, Page 4318, Official Records, as Document No. 94980

That the said decedent, Richard Cavendish Bentinck is one of the

joint tenant grantees in that certain said quitclaim Deed and that all

interest in and to said real property is vested absolutely in affiant, namely Edwina H. Bentinck, a widow

Dated: March 4, 2002

Edwina H. Bentinck
Edwina H. Bentinck



SUBSCRIBED AND SWORN TO before me,
a Notary Public, this 4th day
of March 2002, 10

Rishele L. Boesen
(Signature)

Name Rishele L. Boesen
(Typed or printed)

When Recorded Mail To:
Edwina Bentinck
3611 Cherokee Drive
Carson City, NV. 89705

0536257

BK 0302 PGO 1586

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Richard Cavendish BENTINCK		2. DATE OF DEATH (Month, Day, Year) July 7, 2001	3a. COUNTY OF DEATH Douglas
CITY, TOWN OR LOCATION OF DEATH Jacks Valley		3b. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3611 Cherokee Drive	3c. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) Male
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	6. AGE—Last Birthday (Years) 81	7. DATE OF BIRTH (Mo., Day, Yr.) November 23, 1919
8. STATE OF BIRTH (If not U.S.A., name country) New York	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 18	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SURVIVING SPOUSE (if wife, give maiden name) Edwina Tillotson	13. SOCIAL SECURITY NUMBER 9582	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired Medical Doctor	14b. KIND OF BUSINESS OR INDUSTRY State of Nevada
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Jacks Valley	15d. STREET AND NUMBER 3611 Cherokee Dr.
16. FATHER—NAME First Middle Last Richard Cavendish BENTINCK		17. MOTHER—MAIDEN NAME First Middle Last Adrienne Ford	
18a. INFORMANT—NAME (Type or Print) Edwina Bentinck		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3611 Cherokee Dr. Carson City, NV 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory	19c. LOCATION City or Town State Carson City Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Beiner</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09	20c. NAME AND ADDRESS OF FACILITY Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Phillip Aldrich</i>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>Phillip Aldrich</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 7-10-01		21c. HOUR OF DEATH 0435	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Phillip Aldrich M.D. 412 W. John St. Carson City, NV 89703		22c. HOUR OF DEATH	
24a. REGISTRAR (Signature) <i>Vera B. Lockman Reg.</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 11, 2001	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Respiratory Failure		Days	
(b) COPD		Yrs	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. The fastatic Prostate Cancer		26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	28h. STREET OR R.F.D. No. CITY OR TOWN STATE

No. 182843

STATE REGISTRAR

Yvonne Sylvia

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JUL 11 2001**

0536257

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR -5 AM 11: 26

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KD* DEPUTY

0536257

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